



CALIFORNIA COMMISSION ON TEACHER CREDENTIALING
APPLICATION FOR EXAMINATION
DEPARTMENTAL OPEN - CONTINUOUS FILING

SUPPLEMENTAL APPLICATION

CHECK below the title of the examination for which you are applying:

- ☐ **Consultant in Teacher Preparation (Examinations and Research)**
☐ **Consultant in Teacher Preparation (Program Evaluation and Research)**

Note: A separate application must be completed for each examination unless otherwise specified in the examination bulletin.

DO NOT WRITE IN THIS BOX


Name: _____

Examination Code: _____

Effective List Date: _____

GENERAL INSTRUCTIONS

The following instructions should be read and clearly understood before completing the Supplemental Application. It is essential you follow the instructions by accurately completing this form. Failure to do so will result in the inability to process your application. If this occurs, this application and your name will be removed from the examination process.

- USE A NO. 2 PENCIL OR BLACK BALLPOINT PEN.
- DO NOT USE FELT TIP OR OTHER COLOR INK PENS TO MARK THE BOXES. (Use ONLY a ballpoint pen for signature.)
- Complete one box for each response with "X" mark.
DO NOT FILL-IN BOXES 
- Erase incorrect marks completely.
- Print the information as required in each section. As applicable, mark the box that is the same as the letter or number you enter in that space.
- See **SAMPLE** at the right.



SAMPLE						
4	4	4	0	9	5	3
0	0	0	X	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	X
X	X	X	4	4	4	4
5	5	5	5	5	X	5
6	6	6	6	6		6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	X	9	9

IF THE EXAM ANNOUNCEMENT PERMITS MAILING OF THIS APPLICATION. PLEASE USE AN 8 1/2" x 11" OR LARGER (ADDITIONAL POSTAGE WILL BE REQUIRED) ENVELOPE AND MAIL TO:

CALIFORNIA COMMISSION ON TEACHER CREDENTIALING
HUMAN RESOURCES SECTION, EXAMINATIONS
1900 CAPITOL AVENUE
SACRAMENTO, CA 95814-4213

PLEASE DO NOT STAPLE, FOLD, TAPE, GLUE, OR ATTACH ANYTHING TO THIS FORM

- ☐ Approved
☐ Reject Code
☐ 1A
☐ 2H

EXPERIENCE	EDUCATION
CREDENTIAL REQ.	DEGREE
STAFF	DATE

SCORE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

GENERAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER TO ALL REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, ANCESTRY, SEX, MARTIAL STATUS, DISABILITY, RELIGIOUS OR POLITICAL AFFILIATION, AGE, OR SEXUAL ORIENTATION.

IT IS AN OBJECTIVE OF THE STATE OF CALIFORNIA TO ACHIEVE A DRUG-FREE STATE WORKPLACE. ANY APPLICANT FOR STATE EMPLOYMENT WILL BE EXPECTED TO BEHAVE IN ACCORDANCE WITH THIS OBJECTIVE BECAUSE THE USE OF ILLEGAL DRUGS IS INCONSISTENT WITH THE LAW OF THE STATE, THE RULES GOVERNING CIVIL SERVICE, AND THE SPECIAL TRUST PLACED IN PUBLIC SERVANTS

PRIVACY STATEMENT

AGENCY NAME: California Commission on Teacher Credentialing.

DIVISION/SECTION RESPONSIBLE FOR MAINTENANCE: Human Resources Section, 1900 Capitol Avenue, Sacramento, CA 95814-4213.

AUTHORITY: Government Code Section 18934 establishes the statutory requirement for filing applications for examinations. Board Rule 174 requires such applications to be filed in the time, place, manner, and on the form specified in the examination announcement.

PURPOSE: The information you provide will be used to determine whether you do or do not meet the entrance requirements and may be the basis for your final rating in this examination.

PROVIDING INFORMATION: Participation in an examination is voluntary. If you choose to participate, it is required that you provide your name, address, identify the title of the examination for which you are applying, answer special testing arrangement questions on page 5, and sign the application form. Other information requested on the application form is voluntary unless the class for which you are applying has specific requirements such as education, experience, license, credential, etc.

OTHER INFORMATION: During the course of an examination, you may be requested to provide additional information regarding your qualifications.

ACCESS: Your completed application and other examination-related information submitted to the California Commission on Teacher Credentialing becomes confidential examination information and the property of the California Commission on Teacher Credentialing as provided by Government Code Section 18934. Due to its confidential nature, such information will not be returned. Only authorized personnel directly involved in the selection process will be allowed access to this information.

SOCIAL SECURITY NUMBER: Providing your Social Security Account Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). If however, the Social Security Account Number is not included, the State Personnel Board or the California Commission on Teacher Credentialing will be unable to process this application for the purposes of written test waivers, and to verify promotional eligibility for promotional examinations.

CERTIFICATION - IMPORTANT - PLEASE READ BEFORE SIGNING - If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I also understand that if I do not have legal minimum qualifications for this class, I will be removed from the examination when this fact is determined. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education.

PRINTED NAME

SIGNATURE

DATE

EQUAL EMPLOYMENT OPPORTUNITY

TO AID THE STATE OF CALIFORNIA IN ITS COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY, ALL APPLICANTS ARE ASKED TO VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION. THIS SECTION WILL BE SEPARATED FROM THE APPLICATION PRIOR TO ADMINISTRATION OF THE EXAMINATION.

GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
YOUR AGE GROUP	<input type="checkbox"/> 1. Under 21	<input type="checkbox"/> 2. 21-29
	<input type="checkbox"/> 3. 30-39	<input type="checkbox"/> 4. 40-49
	<input type="checkbox"/> 5. 50-59	<input type="checkbox"/> 6. 60-69
	<input type="checkbox"/> 7. 70/Over	

PLEASE MARK THE ONE BOX WHICH BEST DESCRIBES YOUR RACE/ETHNICITY.

IF HISPANIC, MARK: (Hispanic does not include persons of Portuguese or Brazilian origin or persons who acquired a Spanish surname.)

☐ A. MEXICAN, MEXICAN-AMERICAN, CHICANO ☐ C. CUBAN
☐ B. PUERTO RICAN ☐ D. ANY OTHER SPANISH HISPANIC (Specify) _____

IF AMERICAN INDIAN, MARK:
 (Member of an American Indian Tribe or band recognized by the Bureau of Indian Affairs; or has at least one-quarter blood quantum of tribes or bands indigenous to the United States or Canada.) SPB Rule 547.34 requires written verification of American Indian ancestry at time of employment.

☐ H. AMERICAN INDIAN (Specify Tribe) _____
☐ N. ESKIMO ☐ O. ALEUT

IF ASIAN, MARK:

☐ K. KOREAN ☐ M. ASIAN INDIAN ☐ J. CHINESE
☐ L. VIETNAMESE ☐ I. JAPANESE ☐ S. OTHER ASIAN (Specify) _____
☐ U. CAMBODIAN ☐ V. LAOTIAN

IF PACIFIC ISLANDER, MARK:

☐ P. HAWAIIAN ☐ R. GUAMANIAN/CHAMORRO
☐ Q. SAMOAN ☐ T. OTHER PACIFIC ISLANDER (Specify) _____

IF NONE OF THE ABOVE, CHOOSE ONE OF THE FOLLOWING:

☐ E. WHITE ☐ F. BLACK, AFRICAN-AMERICAN ☐ G. FILIPINO
☐ X. OTHER, NOT LISTED (Specify) _____

MARK ALL DISABILITIES THAT APPLY. *An individual with a disability is anyone having a physical or mental impairment that substantially limits one or more major life activities; having a record of such impairment; or being regarded as having such an impairment. (SPB Rule 470.1: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and holding gainful employment.)*

<input type="checkbox"/> A. VISUAL	<input type="checkbox"/> N. DIGESTIVE
<input type="checkbox"/> B. HEARING	<input type="checkbox"/> O. COLOSTOMIES/ILLEOSTOMIES
<input type="checkbox"/> C. SPEECH	<input type="checkbox"/> P. KIDNEY
<input type="checkbox"/> D. ORTHOPEDIC/AMPUTATION(S)	<input type="checkbox"/> Q. DIABETES
<input type="checkbox"/> H. EPILEPSY	<input type="checkbox"/> R. CANCER
<input type="checkbox"/> I. NEUROLOGICAL/DYSLEXIA	<input type="checkbox"/> S. CONDITIONS OF THE SKIN
<input type="checkbox"/> J. MENTAL RETARDATION	<input type="checkbox"/> U. MENTAL/EMOTIONAL
<input type="checkbox"/> K. HEART/CIRCULATORY	<input type="checkbox"/> V. ALCOHOLISM/DRUG ADDICTION
<input type="checkbox"/> L. BLOOD	<input type="checkbox"/> W. OTHER (Specify) _____
<input type="checkbox"/> M. RESPIRATORY	<input type="checkbox"/> X. NO DISABILITY

FILLING OUT THE APPLICATION

The following items match those on the application form. Some detail is provided for those items which require additional explanation.

LAST NAME: Limited to 21 spaces. Hyphenate if applicable.

FIRST NAME AND MIDDLE INITIAL: Limited to 14 spaces for the first name and one space for the middle initial. Leave only one space between the first name and middle initial.

SOCIAL SECURITY NUMBER: Limited to 9 spaces.

STREET ADDRESS: MUST be limited to 23 numbers, letters, and spaces. Abbreviate where necessary. Leave one space between number and street. Indicate apartment number(s) by marking the number sign # in one space and then the number(s) in the next space(s).

CITY: Limited to 18 spaces. For cities that consist of two words, i.e., Chula Vista, leave one space between words.

STATE: Limited to 2 spaces. Print the abbreviation for your state. For example, California would be CA.

ZIP CODE + 4: Limited to nine spaces. It is *mandatory* to complete the first five spaces. The last four spaces are optional.

HOME AND BUSINESS TELEPHONE NUMBER(S): Each is limited to ten spaces. For each, print your area code in the first three spaces and telephone number in the next seven spaces.

LANGUAGE FLUENCY OTHER THAN ENGLISH: Indicate whether your fluency is verbal and/or written and in which languages. Mark all that apply.

EDUCATION AND EXPERIENCE: Complete all applicable items. List your educational background. Also list and describe your work experience which you believe meets the entrance requirements for this examination. Resume and/or additional information is limited to TWO pages. Place additional information with this application (DO NOT STAPLE, TAPE, OR PAPERCLIP.) If mailing, insert entire package into an 8 1/2" x 11" (or larger) envelope. (DO NOT FOLD TO FIT INTO ENVELOPE.)

SIGNATURE AND DATE: Sign and date the form (Page 2). It is acceptable to sign this form in black ink.

IMPORTANT

Please respond to all applicable items in Sections I and II. Your score will be based on your responses of education, experience, knowledge, and ability of subject matter specialty areas.

NOTE: In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis (full-time is defined as 40 hours per week), all part-time and/or hourly experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, one-half time employment for six months is equivalent to three months full-time. Or, twelve hours per week for one year community college teaching experience is equivalent to one year's full-time experience and fifteen hours per week for one year university teaching experience is equivalent to one year's full-time experience.

REMEMBER, *failure to accurately and properly complete this form may result in removal of your name and application from the examination.*

Examination Title:

- ☐ *Consultant in Teacher Preparation (Examinations and Research)*
☐ *Consultant in Teacher Preparation (Program Evaluation and Research)*

Print your name in the boxes provided. Below each box in which you printed a letter, mark the box with the matching letter.

USE A NO. 2 PENCIL OR BLACK BALLPOINT PEN IN THE BOXES. DO NOT USE FELT TIP OR OTHER COLOR PENS. PLEASE COMPLETE ONE BOX FOR EACH RESPONSE WITH "X" AND ERASE CLEANLY ANY INCORRECT MARKS.

PRINT LAST NAME

Limited to 21 letters, hyphenate if applicable.

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

PRINT FIRST NAME AND MIDDLE INITIAL

Leave only one space between first and middle.

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

ACCOMMODATIONS/EMPLOYMENT HISTORY

- Do you need reasonable accommodation to take an interview ☐ Y ☐ N or written test?
- Have you ever been dismissed or terminated from any position ☐ Y ☐ N for performance or other disciplinary reasons? (Applicants whose dismissals or terminations were overturned, withdrawn, [unilaterally or as part of a settlement] or revoked need not answer "Yes".) If "Yes", explain below:

EXPLANATION(S)

Date of Birth mo. day yr.

SOCIAL SECURITY NUMBER

Print your Social Security Number in the blank boxes provided. Fill the box below with the matching number.

			-		-				
0	0	0	-	0	0	-	0	0	0
1	1	1	-	1	1	-	1	1	1
2	2	2	-	2	2	-	2	2	2
3	3	3	-	3	3	-	3	3	3
4	4	4	-	4	4	-	4	4	4
5	5	5	-	5	5	-	5	5	5
6	6	6	-	6	6	-	6	6	6
7	7	7	-	7	7	-	7	7	7
8	8	8	-	8	8	-	8	8	8
9	9	9	-	9	9	-	9	9	9

Leave blank spaces where appropriate.

STREET ADDRESS																									
Use number sign (#) with Apartment number. Hyphenate if appropriate.																									
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#
/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CITY																			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

STATE	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

ZIP CODE MANDATORY										+ 4 OPTIONAL			
0	0	0	0	0	0	0	0	0	0				
1	1	1	1	1	1	1	1	1	1				
2	2	2	2	2	2	2	2	2	2				
3	3	3	3	3	3	3	3	3	3				
4	4	4	4	4	4	4	4	4	4				
5	5	5	5	5	5	5	5	5	5				
6	6	6	6	6	6	6	6	6	6				
7	7	7	7	7	7	7	7	7	7				
8	8	8	8	8	8	8	8	8	8				
9	9	9	9	9	9	9	9	9	9				

BUSINESS PHONE NUMBER													
()											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

HOME PHONE NUMBER													
()											
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

In addition to English, list any other languages you:
a. Possess verbal fluency in:

b. Possess written fluency in:

SECTION I

PLEASE READ THE REQUIREMENTS SECTION ON THE EXAMINATION BULLETIN BEFORE FILLING OUT PAGES 7 THROUGH 15.

Answer questions 1 - 4 if you are applying for:

■ **Consultant in Teacher Preparation (Examinations and Research) examination.**

(Complete a separate application for each exam you are applying.)

1. ☐ Y ☐ N Do you have a valid California supervision or administration credential or credential or life diploma of equivalent authorization?

(One year of experience in the California Commission on Teacher credentialing performing examination and/or research duties equivalent to those performed by the class of Assistant Consultant in Teacher Preparation, Range B, may be substituted for the required credential. Experience used in this manner to meet the credential requirement must be in addition to that used to meet the experience requirement.)

(Applicants who do not meet the credential requirement will be admitted to the examination, but must meet the requirement before they will be considered eligible for appointment.) (**SEE QUESTION 2.**)

Print credential information in the space provided below.

- a. Credential number. _____
b. Issued date. _____
c. Expiration date. _____

Failure to provide this information may result in removal of your name and application from the examination.

2. ☐ Y ☐ N Do you have an earned master's or doctorate degree, from an accredited institution, or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310(b), in:

- educational measurement and evaluation
- industrial psychology
- psychometrics
- behavioral sciences
- statistics
- educational research
- **or** a closely related field

(Degree may be substituted for the required credential.)

3. ☐ Y ☐ N Do you have experience as a California State civil service employee performing professional education duties at a level of responsibility equivalent to that obtained in the class of Assistant Consultant in Teacher Preparation, Range B?

- ☐ Less than 1 year ____ mos. ☐ 1 year ☐ 1 yr. and ____ mos. ☐ 2 years
☐ 2 yrs. and ____ mos. ☐ 3 years ☐ 3 yrs. +

Experience must be entered as full-time. (Refer to Page 4 to convert part-time and hourly experience to full-time.)

4. ☐ Y ☐ N Do you have professional education experience in one or a combination of the following:

- administrative or teaching experience in the field of educational measurement or educational research **at the college or university level**
- experience as a researcher which shall have included independent or major shared responsibility for planning and directing complete studies in the field of psychological testing and measurement, educational research, or a closely related area
- **and/or** experience at the district or county superintendent office level in school testing programs or a closely related field

(Experience must have included direct technical involvement - general education administrative experience over such programs is not qualifying.)

- ☐ Less than 1 year ____ mos. ☐ 1 year ☐ 1 yr. and ____ mos. ☐ 2 years
☐ 2 yrs. and ____ mos. ☐ 3 years ☐ 3 yrs. and ____ mos. ☐ 4 years
☐ 4 yrs. and ____ mos. ☐ 5 years ☐ 5 yrs. and ____ mos. ☐ 6 years
☐ 6 yrs. and ____ mos. ☐ 7 years ☐ 7 yrs. and ____ mos. ☐ 8 years
☐ 8 yrs. and ____ mos. ☐ 9 years ☐ 9 yrs. +

Experience must be entered as full-time. (Refer to Page 4 to convert part-time and hourly experience to full-time.)

SECTION I - Continued

Level of education and job experience is subject to verification. You may be required to provide proof of degree, credential, and/or proof of experience.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	SEMESTER UNITS	QUARTER UNITS	DEGREE	DATE COMPLETED

EXPERIENCE: Give specific details of the experience which you believe meets the entrance requirements you noted in Question(s) 3. and/or 4. for this examination. List your experience beginning with the most recent. Also, list any volunteer experience relevant to meeting the requirements of the class for which you are applying. Show actual time (number of hours per day, number of hours per week, or hours per month) spent in such experience with "volunteer" in the space for salary.

For each description of experience include the period of employment, name and address of employer, job classification or title, and duties. Failure to provide this information will result in removal of your name and application from the examination. If additional space needed for description of experience, you may include a two page or less attachment.

EXPERIENCE

PERIOD OF EMPLOYMENT: FULL-TIME ☐ PART-TIME ☐ If part-time, # of hours per week: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

NAME AND ADDRESS OF EMPLOYER:

JOB CLASSIFICATION/TITLE:

DUTIES:

PERIOD OF EMPLOYMENT: FULL-TIME ☐ PART-TIME ☐ If part-time, # of hours per week: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

NAME AND ADDRESS OF EMPLOYER:

JOB CLASSIFICATION/TITLE:

DUTIES:

SECTION I - Continued

Answer questions 5 - 8 if you are applying for:

■ **Consultant in Teacher Preparation (Program Evaluation and Research) examination.**

(Complete a separate application for each exam you are applying.)

5. ☐ Y ☐ N Do you have a valid California supervision or administration credential or credential or life diploma of equivalent authorization?
- (One year of experience in the California Commission on Teacher credentialing performing examination and/or research duties equivalent to those performed by the class of Assistant Consultant in Teacher Preparation, Range B, may be substituted for the required credential. Experience used in this manner to meet the credential requirement must be in addition to that used to meet the experience requirement.)
(Applicants who do not meet the credential requirement will be admitted to the examination, but must meet the requirement before they will be considered eligible for appointment.) (**SEE QUESTION 6.**)

Print credential information in the space provided below.

- a. Credential number. _____
b. Issued date. _____
c. Expiration date. _____

Failure to provide this information may result in removal of your name and application from the examination.

6. ☐ Y ☐ N Do you have an earned master's or doctorate degree, from an accredited institution, or equivalent degree approved by the California Superintendent of Public Instruction under the provisions of California Education Code Section 94310(b), in:

- educational evaluation
- curriculum evaluation
- education
- **or** a closely related field

(Degree may be substituted for the required credential.)

7. ☐ Y ☐ N Do you have experience as a California State civil service employee performing professional education duties at a level of responsibility equivalent to that obtained in the class of Assistant Consultant in Teacher Preparation, Range B?

- | | | | |
|---|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Less than 1 year ____ mos. | <input type="checkbox"/> 1 year | <input type="checkbox"/> 1 yr. and ____ mos. | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 2 yrs. and ____ mos. | <input type="checkbox"/> 3 years | <input type="checkbox"/> 3 yrs. + | |

Experience must be entered as full-time. (Refer to Page 4 to convert part-time and hourly experience to full-time.)

8. ☐ Y ☐ N Do you have professional education experience in one or a combination of the following:
- experience as a professional evaluator of educational programs in one or more school districts or institutions of higher education
 - experience as a **college or university level faculty member** in the field of education evaluation or teacher preparation
 - experience in directing or conducting research related to teaching, teacher education, or program planning
 - **and/or** experience as an administrator, supervisor, or equivalent staff level position in a public school district.

- | | | | |
|---|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Less than 1 year ____ mos. | <input type="checkbox"/> 1 year | <input type="checkbox"/> 1 yr. and ____ mos. | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> 2 yrs. and ____ mos. | <input type="checkbox"/> 3 years | <input type="checkbox"/> 3 yrs. and ____ mos. | <input type="checkbox"/> 4 years |
| <input type="checkbox"/> 4 yrs. and ____ mos. | <input type="checkbox"/> 5 years | <input type="checkbox"/> 5 yrs. and ____ mos. | <input type="checkbox"/> 6 years |
| <input type="checkbox"/> 6 yrs. and ____ mos. | <input type="checkbox"/> 7 years | <input type="checkbox"/> 7 yrs. and ____ mos. | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 8 yrs. and ____ mos. | <input type="checkbox"/> 9 years | <input type="checkbox"/> 9 yrs. + | |

Experience must be entered as full-time. (Refer to Page 4 to convert part-time and hourly experience to full-time.)

SECTION I - Continued

Level of education and job experience is subject to verification. You may be required to provide proof of degree, credential, and/or proof of experience.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	SEMESTER UNITS	QUARTER UNITS	DEGREE	DATE COMPLETED

EXPERIENCE: Give specific details of the experience which you believe meets the entrance requirements you noted in Question(s) 7. and/or 8. for this examination. List your experience beginning with the most recent. Also, list any volunteer experience relevant to meeting the requirements of the class for which you are applying. Show actual time (number of hours per day, number of hours per week, or hours per month) spent in such experience with "volunteer" in the space for salary.

For each description of experience include the period of employment, name and address of employer, job classification or title, and duties. Failure to provide this information will result in removal of your name and application from the examination. If additional space needed for description of experience, you may include a two page or less attachment.

EXPERIENCE

PERIOD OF EMPLOYMENT: FULL-TIME ☐ PART-TIME ☐ If part-time, # of hours per week: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

NAME AND ADDRESS OF EMPLOYER:

JOB CLASSIFICATION/TITLE:

DUTIES:

PERIOD OF EMPLOYMENT: FULL-TIME ☐ PART-TIME ☐ If part-time, # of hours per week: _____ FROM: ____ / ____ / ____ TO: ____ / ____ / ____

NAME AND ADDRESS OF EMPLOYER:

JOB CLASSIFICATION/TITLE:

DUTIES:

SECTION II

You are required to answer ***all*** of the items in Section II.

1. Please mark the highest academic degree you have earned.

<input type="checkbox"/> 12	Bachelor's degree
<input type="checkbox"/> 25	Master's degree
<input type="checkbox"/> 50	Doctor of Education
<input type="checkbox"/> 50	Doctor of Philosophy

2. Please indicate the focus of study and earned degree(s).

	Bachelor's	Master's	Ed.D.	Ph.D.		Bachelor's	Master's	Ed.D.	Ph.D.
a. Behavioral Sciences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	m. Bilingual/Cross-cultural Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
b. Instructional Technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	n. Cultural Foundations of Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
c. Educational Measurement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	o. Early Childhood Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
d. Industrial Psychology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	p. Educational Policy Studies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
e. Instructional Psychology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	q. Educational Sociology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
f. Measurement and Statistics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	r. Elementary Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
g. Psychometrics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	s. Higher Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<small>ER</small> h. Statistics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	t. Linguistics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
I. Educational Evaluation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	u. Secondary Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
j. Educational Psychology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	v. Special Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
k. Educational Administration	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	w. Teacher Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<small>ER/PR</small> l. Educational Research Methods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	x. Education of English Learners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

	Bachelor's	Master's	Ed.D.	Ph.D.
y. Curriculum Evaluation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
z. Curriculum and Instruction - Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
aa. Curriculum and Instruction - Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
bb. Curriculum and Instruction - Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
cc. Curriculum and Instruction - Social Science/History	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
dd. Curriculum and Instruction - Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
ee. Education of Disadvantaged Learners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<small>PR</small> ff. Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3

SECTION II - Continued

Please mark the number of years of *experience* you have had in the following types of positions:

3. School site administrator.
4. Direct technical involvement at a district or county superintendent office level in school testing programs.
5. College or university professor or instructor.
6. College or university administrator.
7. College or university research associate.
8. College or university principal research director.
9. Research associate in other organization(s).

List organization(s):

10. Research project director in other organization(s).

List organization(s):

11. California State civil service at a level equivalent to Assistant Consultant in Teacher Preparation, Range B.

List California State civil service classification:

ER/PR

	No Experience	0 - 1 year	1+ - 2 years	2+ - 3 years	3+ - 6 years	6+ - 9 years	9+ years
3. School site administrator.	0	1	2	3	4	5	6
4. Direct technical involvement at a district or county superintendent office level in school testing programs.	0	1	2	3	4	5	6
5. College or university professor or instructor.	0	1	2	3	4	5	6
6. College or university administrator.	0	1	2	3	4	5	6
7. College or university research associate.	0	1	2	3	4	5	6
8. College or university principal research director.	0	1	2	3	4	5	6
9. Research associate in other organization(s).	0	1	2	3	4	5	6
10. Research project director in other organization(s).	0	1	2	3	4	5	6
11. California State civil service at a level equivalent to Assistant Consultant in Teacher Preparation, Range B.	0	1	2	3	4	5	6

12. Please mark each of the education credentials you have earned.

☐ 5

Elementary or Secondary/Multiple or Single Subject

☐ 50

Administrative/Supervisory Services

☐ 5

Pupil Personnel Services

☐ 5

Other: _____

☐ 5

Clinical Rehabilitative Services

☐ 0

None

☐ 5

Special Education Specialist

Please mark the number of years you have had in the following types of *experience*:

13. Achievement as a:
 - a. Team Member
 - b. Team Leader
 - c. Project Leader
14. Preparing the following types of documents:
 - a. Feasibility Study Report (FSR).
 - b. Request for information.
 - c. Program specifications.
 - d. Alternative analysis.
 - e. Any report that identifies problems, explores alternatives, and recommends a solution.
 - f. Technical issue papers.
15. Working in an independent capacity in which you were responsible for the content and quality of your output.
16. Working under deadlines, particularly when priorities may change.
17. Written and oral communication with:
 - a. State Education Boards and Commissions.
 - b. Institutions of Higher Education (IHEs) and teacher education organizations.
 - c. Educational consultants.
 - d. Presenters of certification and accreditation programs.
 - e. Governmental officials.
 - f. News media.
18. Contract administration in terms of:
 - a. Formulating and supervising Requests for Proposals (RFPs).
 - b. Negotiating contract terms and conditions.
 - c. Monitoring contract compliance.
 - d. Evaluating contractor performance.

				9+ years		
				6+ - 9 years		
				3+ - 6 years		
				2+ - 3 years		
				1+ - 2 years		
				0 - 1 year		
				No Experience		
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6
0	1	2	3	4	5	6

Please mark the number of years you have had in the following types of *experience*:

- ER/PR

SECTION II - Continued

Please mark your assessment of your *knowledge* of the following topics in California:

	No Knowledge	Some Knowledge	Working Knowledge	Extensive Knowledge
23. Principles, procedures, and techniques used in test development, validation, and administration.	0	1	2	3
24. Application of research techniques and quantitative procedures to the analysis of aptitude, achievement, and performance tests.	0	1	2	3
25. Alternative approaches to the analysis of ethnic and cultural factors in exam performances and results.	0	1	2	3
26. Use of electronic data processing techniques in processing examination results and the principles of education research.	0	1	2	3
^{ER} 27. National and regional accreditation policies and procedures.	0	1	2	3
28. Principles and methods of education evaluation.	0	1	2	3
29. Research literature in teaching, teacher education, curriculum, or program evaluation.	0	1	2	3
^{PR} 30. California Education Code.	0	1	2	3
31. Standards used by the California Commission on Teacher Credentialing.	0	1	2	3
32. California Commission on Teacher Credentialing.	0	1	2	3
33. Analysis of legislation.	0	1	2	3
34. Current laws in teacher education.	0	1	2	3
35. Current trends in teacher education.	0	1	2	3
36. Organization and structure of teacher education.	0	1	2	3
37. Curriculum trends and teaching practices.	0	1	2	3
38. Legislative processes.	0	1	2	3

Please mark your assessment of your *ability* of the following functions/tasks:

	No Ability	Some Ability	Good Ability	Excellent Ability
39. Prepare written reports.	0	1	2	3
40. Speak effectively.	0	1	2	3
41. Utilize various evaluation techniques.	0	1	2	3
42. Conduct research studies in teacher education or program evaluation and prepare policy recommendations.	0	1	2	3
43. Work collaboratively with others.	0	1	2	3
44. Work independently on projects.	0	1	2	3
45. Prepare budgets.	0	1	2	3
46. Write research proposals.	0	1	2	3
47. Represent the views of your employer.	0	1	2	3
48. Handle sensitive matters involving legal or policy issues.	0	1	2	3
49. Develop innovative solutions to complex problems.	0	1	2	3
50. Facilitate group work through various activities.	0	1	2	3
51. Utilize varied software programs to prepare reports or presentations.	0	1	2	3
52. Manage work and resources under strict timelines.	0	1	2	3
53. Write clear and concise prose quickly.	0	1	2	3
54. Deal with the public.	0	1	2	3
55. Respond to telephone inquiries.	0	1	2	3
56. Analyze policy issues related to using assessment systems in professional licensure and evaluation of professional preparation programs.	0	1	2	3

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